



State of Idaho, Department of Water Resources, Notice of Construction and Shallow injection Well Inventory Form
Under Provisions of Title 42, Chapter 39 of the Idaho Code

I. GENERAL INFORMATION (Required) See Page 4 of This Form For General Instructions

1. Facility Name and Location

Name _____

Street Address _____

City _____, County _____, State _____, Zip _____

Building Permit Number _____ If Applicable Project Number _____ If Applicable

2. Name and Address of Legal Contact

Owner

Operator

Name _____

Street Address _____

City _____, County _____, State _____, Zip _____

Phone (_____) - _____ - _____

Alternate Phone (_____) - _____ - _____

3. Well Class _____ (see page 4 for complete list).

5D02 Storm Runoff

5D04 Industrial Storm Runoff

5A07 Closed Loop Heat Pump

5W12 Water Treatment Plant Effluent

5X28 Service Station Drainage

Other Class from Item VI Page 4 (Please Specify) _____

II. TECHNICAL DATA, SHALLOW INJECTION WELL (Required)

1. Type of Well Construction
 a. Infiltration Gallery b. French Drain c. Pre-cast Open Bottom Dry Well
 d. Standard Shallow Injection Well e. Other _____
(attach drawing)
2. Injection Pre-treatment Facilities
 a. Sediment Basin b. Sand Filtration c. Oil & Grease Trap
 d. Vegetative Filter Strip or Swale e. Other _____
3. Type of Oil & Grease Trap _____ Volume _____ gal.
4. Size of Completed Opening Through Which Fluid First Enters the Subsurface
a. Length _____ in., b. Width _____ in., or c. Diameter _____ in.
5. Total Excavated Dimensions (Completed Injection Facility)
a. Length _____ ft. b. Width _____ ft. c. Depth _____ ft.
6. Depth to Highest Seasonal Ground Water Level From Land Surface _____ ft.
7. Distance to Nearest Domestic Water Well _____ mi., or ft. Direction _____
8. Distance to Nearest Surface Water (lake, pond, stream,...) _____ mi. Direction _____

III. LOCATION INFORMATION (As Required Below)

Items 1 and 2 are Required information and Must be Completed Entirely, Unless Item 3 (Below) Applies.

1. _____ 1/4, _____ 1/4, _____ 1/4, Section _____, Township _____ N S
Range _____ E W B.M., County _____
2. Subdivision Name _____
Block _____, Lot _____, City _____, County _____
Item 3 Pertains to State and Local Highway Entities Only. (Optional if Items 1 & 2 Are Used for Location)
3. Feet _____, Direction, _____ To: Milepost No. _____, Highway No. _____
4. Is The Well Located on Indian Lands? Yes No

IV. ATTACHMENTS

Note: Attach Additional Sheets as Needed.

- a. Site Maps Showing Well Locations
- b. Design Plans and Other Drawings or Schematics
- c. Copy of Reference From Technical Guidance Manual
- d. Name of Technical Guidance Manual and Agency Issuing Manual _____
- e. Other _____
- f. Name of Project Engineer _____ Phone(____) _____ - _____

I Certify That the Above Information is True and Correct to the Best of My Knowledge.

Date Signature ,Title and Company

Print Signature and Title _____

V. For Agency Use Only

Fee Paid \$ _____ Received by _____ Date _____ Receipt No. _____

Forwarded to IDWR _____ Date _____

Data Entry Date _____ By _____ Checked by _____

Field Checked Date _____ By _____ Findings _____

Remarks _____

VI. INJECTION WELL SUBCLASSES

5A05	Electric Power Generation	5W10	Cesspools
5A06	Geothermal Heat	5W11	Septic Systems (general)
5A07	Closed Loop Heat Pump Return	5W12	Water Treatment Plant Effluent
5A08	Aquaculture Return Flow	5W20	Industrial Process Water
5A19	Cooling Water Return	5W31	Septic Systems (well disposal)
5F01	Agricultural Runoff Waste	5X16	Spent Brine Return
5B22	Saline Water Intrusion Barrier	5W32	Septic Systems (drain field)
5D02	Storm Runoff	5X13	Mine Tailings Backfill
5D03	Improved Sinkholes	5X14	Solution Mining
5D04	Industrial Storm Runoff	5X15	In-Situ Fossil Fuel Recovery
5G30	Special Drainage Water	5X25	Experimental Technology
5N24	Low-level Radioactive Waste Disposal	5X26	Aquifer Remediation
5R21	Aquifer Recharge	5X27	Other Wells
5S23	Subsidence Control	5X28	Service Station Waste
5W09	Untreated Sewage	5X29	Abandoned Drinking Water Wells

VII. General Instructions For Form 42-39-6

- A. A seventy-five dollar (\$75.00) filing fee (County Highway Districts exempt from fee) must be submitted for each Notice Of Construction (form 42-39-6) for each new shallow injection well.
- B. A separate, complete Notice of Construction (form 42-39-6) is required for each shallow injection well.
- C. This form must be complete and accurate and is subject to verification by IDWR or its agents.
- D. For individual shallow injection wells, copies of this form and/or individual pages are acceptable (if legible) and the information is the same for each well constructed and each page submitted.
- E. This form and all accompanying filing fees should be submitted to the Department of Water Resources, Waste Disposal and Injection Well Program, 1301 N. Orchard, Boise, ID 83706 (208) 327-7900.